Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor's Name and Address: Summit Rehabilitation Centers 2500 West Freeway # 200 Fort Worth, Texas 76102	MDR Tracking No.: M5-06-0482-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Zenith Insurance Company Box 47	Date of Injury: Employer's Name: Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute package
POSITION SUMMARY: Per the table of disputed services "necessary treatment"

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

NO RESPONSE SUBMITTED BY RESPONDENT

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
11-30-04 to 07-14-05	99213, 98940, G0283, 96004, 95831, 95833, 97012, 97116, 97140-59, 97035, 95851, 99373, 99354 and 97110 (with the exception of dates listed below)	☐ Yes ☒ No	$0.00
06-30-05, 07-01-05, 07-06-05 and 07-12-05	97110 (1 unit) **NOTE:** 1 unit for each date of service was found to be medically necessary by the IRO reviewer. The carrier has paid for 1 unit for each date of service in dispute. No additional reimbursement recommended.	☒ Yes ☐ No	$0.00
01-14-05	99080-73	☒ Yes ☐ No	$15.00
02-24-05	99070	☐ Yes ☒ No	$0.00

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor **did not prevail** on the disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is entitled to reimbursement in the amount of $15.00. The Division finds that the requestor was not the prevailing party and is not entitled to a refund of the IRO fee. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Ordered by:

	Medical Dispute Officer	01-12-06
Authorized Signature	Typed Name	Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

CompPartners Final Report

URAC ACCREDITED EXTERNAL REVIEW

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: ___
Texas IRO # : ___
MDR#: M5-06-0482-01
Social Security #: ___
Treating Provider: Summit Rehab Centers
Review: Chart
State: TX
Amended Date: **1/11/06**

Review Data:

- **Notification of IRO Assignment dated 12/5/05, 1 page.**
- **Receipt of Medical Dispute Resolution Request dated 12/5/05, 1 page.**
- **Medical Dispute Resolution Request/Response dated 11/1/05, 1 page.**
- **Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.**
- **Table of Disputed Services Forms dated 11/30/04, 12/1/04, 12/6/04, 12/8/04, 12/10/04, 12/13/04, 12/15/04, 12/17/04, 12/21/04, 12/22/04, 12/23/04, 12/27/04, 12/28/04, 12/30/04, 1/5/05, 1/7/05, 1/10/05, 1/12/05, 1/13/05, 1/14/05, 1/18/05, 1/19/05, 1/21/05, 1/25/05, 1/26/05, 1/27/05, 2/1/05, 2/3/05, 2/7/05, 2/8/05, 2/11/05, /16/05, 2/17/05, 2/18/05, 2/21/05, 2/22/05, 2/24/05, 2/25/05, 2/28/05, 3/2/05, 3/8/05, 3/9/05, 3/10/05, 3/14/05, 3/16/05, 3/17/05, 3/18/05, 3/22/05, 3/24/05, 3/25/05, 3/31/05, 4/6/05, 4/8/05, 4/12/05, 4/13/05, 4/14/05, 4/18/05, 4/20/05, 4/21/05, 6/30/05, 7/1/05, 7/6/05, 7/8/05, 7/12/05, 7/14/05, 14 pages.**
- **Explanation of Payment dates of service: 11/30/04, 12/1/04, 12/6/04, 12/8/04, 12/10/04, 12/13/04, 12/15/04, 12/17/04, 12/21/04, 12/22/04, 12/23/04, 4/20/05, 4/21/05, 6/9/05, 6/30/05, 7/1/05, 7/6/05, 7/8/05, 7/12/05, 7/14/05, 20 pages.**
- **Invoice dated 12/5/05, 1 page.**
- **Doctor's Position Statement for IRO Regarding Medical Necessity Denial dated 12/14/05, 3 pages.**
- **Medical Consultation Report dated 11/16/04, 2 pages.**
- **Left Knee MRI dated 11/20/04, 3 pages.**
- **Follow-up Visit dated 11/30/04, 1 page.**
- **Neurologic Consultation dated 12/7/04, 2 pages.**
- **Initial Clinic Visit Report dated 12/9/04, 2 pages.**
- **SOAP Note dated 12/20/04, 1/17/05, 2 pages.**
- **Follow-up Visit dated 1/20/05, 1 page.**
- **Initial Evaluation dated 1/24/05, 2 pages.**
- **SOAP Note dated 3/3/05, 1 page.**
- **Follow-up Visit dated 3/17/05, 4/7/05, 4/21/05, 3 pages.**
- **Orthopedic Surgery Consultation Report dated 5/4/05, 5 pages.**
- **Texas Worker's Compensation Work Status Report dated 5/4/05, 1 page.**
- **Follow-up Visit dated 5/5/05, 1 page.**
- **Operative Report dated 5/9/05, 2 pages.**
- **Follow-up Visit dated 5/16/05, 5/19/05, 5/25/05, 6/2/05, 6/9/05, 5 pages.**
- **MRI Authorization Request dated 6/22/05, 1 page.**
- **Follow-up Visit dated 7/14/05, 7/21/05, 2 pages.**
- **Report of Medical Evaluation dated 8/8/05, 1 page.**
- **History and Physical Examination Report dated 7/27/05, 7 pages.**
- **Lower Extremity Electrodiagnostic Study dated 8/10/05, 1 page.**

- **Follow-up Visit dated 8/18/05, 1 page.**
- **Operative Report dated 9/7/05, 2 pages.**
- **Physical Therapy Authorization Request dated 9/14/05, 1 page.**
- **Patient Information/Note dated 1/14/05, 1 page.**
- **Isometric Muscle Testing Exam dated 1/14/05, 5 pages.**
- **Clinical Notes/SOAP Notes dated 12/23/04, 12/27/04, 12/28/04, 12/30/04, 1/5/05, 1/7/05, 1/10/05, 1/12/05, 1/14/05, 1/18/05, 1/19/05, 1/21/05, 1/25/05, 1/26/05, 1/27/05, 2/1/05, 2/3/05, 2/7/05, 2/8/05, 2/11/05, 2/16/05, 2/17/05, 2/21/05, 2/22/05, 2/24/05, 2/25/05, 2/28/05, 3/2/05, 3/8/05, 3/9/05, 3/10/05, 3/14/05, 3/16/05, 3/22/05, 3/24/05, 3/25/05, 3/31/05 4/6/05, 4/8/05, 4/12/05, 4/13/05, 4/14/05, 4/18/05, 4/21/05, 6/9/05, 6/30/05, 7/1/05, 7/6/05, 7/8/05, 166 pages.**
- **Texas Worker's Compensation Work Status Report dated 1/14/05, 1 page.**
- **Patient Information/Note dated 12/6/04, 1 page.**
- **Isometric Muscle Testing Exam dated 12/6/04, 9 pages.**
- **Patient Information/Note dated 12/13/04, 1 page.**
- **Range of Motion Exam dated 12/13/04, 4 pages.**
- **Patient Information/Note dated 12/27/04, 1 page.**
- **Range of Motion Exam dated 12/27/04, 3 pages.**
- **Patient Information/Note dated 1/14/05, 1 page.**
- **Isometric Muscle Testing Exam dated 1/14/05, 10 pages.**
- **Patient Information/Note dated 3/14/05, 1 page.**
- **Range of Motion Exam dated 3/14/05, 2 pages.**
- **Patient Information/Note dated 4/20/05, 1 page.**
- **Range of Motion Exam dated 4/20/05, 5 pages.**
- **Fax Cover Sheet dated 12/12/05, 1 page.**
- **Physical Bill Review Findings dated 2/1/05, 1 page.**
- **Fax Cover Sheet dated 12/12/05, 1 page.**
- **Notice of Disputed Issues and Refusal to Pay Benefits dated 5/18/05, 1/18/05, 4 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied charges from 11/30/04 to 7/14/05 consisting of 1) 99213-office visit. 2) 98940-chiropractic manipulation. 3) 97110-therapeutic exercises. 4) G0283-electrical stimulation. 5) 96004-motion analysis. 6) 95831, 95833-Muscle testing. 7) 97012-Mechanical traction. 8) 97116-Gait training. 9) 97140-59-manual therapy technique. 10) 97035-ultrasound. 11) 95851-ROM testing. 12) 99080-73-TWCC 73 report. 13) 99373-Telephone call. 14) 99354-Prolonged services. 15) 99070-Supplies and materials.

Determination:
1) **UPHELD** - 99213-office visit.
2) **UPHELD** - 98940-chiropractic manipulation.
3) **PARTIAL - REVERSED** - 97110 therapeutic exercises, for dates of service of 6/30/05, 7/1/05, 7/6/05 and 7/12/05 for one unit each date for the left knee, post surgically to provide exercises and home exercise instruction. 3-a) **PARTIAL - UPHELD** - the remainder of the dates of service from 12/15/04 to 4/21/05.
4) **UPHELD** - G0283-electrical stimulation.
5) **UPHELD** - 96004 motion analysis.
6) **UPHELD** – 95831, 95833-muscle testing.
7) **UPHELD** - 97012-mechanical traction.
8) **UPHELD** - 97116-gait training.
9) **UPHELD** - 97140-59-manual therapy technique.
10) **UPHELD** - 97035-Ultrasound.
11) **UPHELD** - 95851-ROM testing.
12) **REVERSED** - 99080-73-TWCC 73 report.
13) **UPHELD** - 99373-Telephone call.
14) **UPHELD** - 99354-Prolonged services.
15) **UPHELD** – 99070-Supplies and materials.

Rationale:
Patient's age:
Gender: Male
Date of Injury: ___
Mechanism injury: Slipped and fell.
Diagnoses: Sprain strain of left knee, sprain strain of left ankle, lumbar spine sprain, Postoperative arthroscopic left knee surgery 5/9/05; post epidural steroid injection (ESI) lumbar injections and nerve ablations, displacement of lumbar intervertebral disc (IVD) without myelopathy, other unspecified derangement of medial meniscus, mononeuritis of lower limb unspecified, and tarsal tunnel syndrome.

This patient received a significant amount of physical therapy, chiropractic manipulations, physiotherapy modalities, therapeutic exercises, myofascial release techniques, medications for pain and anxiety, and multiple specialty consultations with neurologists and orthopedic specialists. The only accepted body parts are the left knee, ankle and lumbar spine. The MRI of the left ankle was normal, the MRI of the left knee, on 11/20/04, was positive for a complex tear of the posterior horn and body of the medial meniscus with moderate joint effusion and slight degenerative osteoarthritic changes in the medial compartment. The MRI of the lumbar spine, performed on 11/19/04, revealed a L1-2 minimal posterior disc bulge, L2-3 minimal to mild broad based posterior disc bulge, L3-4 1mm disc protrusion with minimal to mild bilateral neuro-foraminal narrowing at this level without stenosis, L4-5 minimal to mild broad based posterior disc bulge with left posterolateral predominance, likely contacting the left L5 nerve root with a 1mm protrusion, mild right and left neuroforaminal narrowing. The L5-S1 level had a minimal to mild broad based posterior disc bulge, likely contacting the bilateral S1 nerve roots, and mild bilateral neuroforaminal narrowing was noted. The muscle testing was improved minimally from the 11/16/04 to the 12/6/04 examination. The range of motion study on 12/13/04 indicated minimal changes with slight to mild deficits, which persisted since the last examinations of 11/16/04 and 11/30/04. The muscle testing from 12/6/04, 12/21/04, and 1/14/05 showed only minimal improvements. Left knee arthroscopic surgery was performed on 5/9/05, by Dr. Michael Muncy, DO, consisting of partial medial and lateral meniscectomy, excision of suprapatellar plical band and microfracturing chondroplasty of medial femoral condyle defect. He was cleared for left knee physical therapy, post operatively, on 5/25/05. The actual report on 5/5/05, from Benzel MacMaster, MD, an orthopedic surgeon, indicated that the claimant should be able to return to sedentary work two weeks from the left knee surgery date. The review of the actual daily progress notes from Marivel Subia, DC, from 12/23/04, reported subjective pain at 3/10 for the lumbar spine, left ankle and left foot, and a pain level of 5/10 for the left knee with objective findings of palpatory guarding rated 3, muscle spasms rated 3, and range of motion rated a 3. Tenderness was rated a 3, then tenderness was rated 5, palpatory guarding rated a 5, muscle spasms a 5 and range of motion and instability rated a 5, all without specific body part indications. The information on the dates of service between 12/23/04 and 7/12/05 documented the same or similar findings. The last data received for review was the 7/12/05 date of service with the same 3/10 pain scale in the lumbar spine, and slight reduction to 3/10 for the left knee, left ankle and left foot, with objective factors of tenderness rated at 3 (no body parts were specified. Muscle spasms were rated a 3 with no specifics, and palpatory guarding was rated 3, with no body area noted, and edema was rated at a 3, with no specific body part indicated. The patient was provided four sets of therapeutic exercises (97110) corresponding to the following: 1) lumbar spine, 2) left knee, 3) left ankle/foot/toe areas, and 4) treadmill to increase cardiovascular and endurance levels.

The current request is to determine the medical necessity for charges from 11/30/04 to 7/14/05, consisting of: **1)** 99213-office visit (Per ChiroCode Book, 10th edition, this is a E/M code requiring expanded history, expanded examination, and low clinical decision making). The medical necessity for this charge was not found because the documentation simply failed to be appropriate to support reimbursement for this level of E/M code. Multiple sets of progress notes reflected data that were simply redundant, lacking clinical specifics to meet criteria for examination charges at the E/M code level 99213, and lacking information such as orthopedic test findings, simple manual muscle testing grading, reflexes, ranges of motion in actual measurable degrees. Furthermore, there was no new injury documented to require a review of systems, history and case management on each date charged. Additionally, the provider charged for this service on some of the dates of service in which a manipulation 98940 was performed and this simply is not appropriate. Dates of service in dispute include 12/1/04, 12/8/04, 12/10/04, 12/15/04, 12/17/04, 12/22/04, all of which lack the documentation detailed in the foregoing and therefore, medical necessity was not found for those specific dates of service. The dates of service in which there were provided notes specifically, were: 12/23/04, 12/27/04, 12/28/04, 1/5/05, 1/7/05, 1/10/05, 1/12/05, 1/13/05, 1/14/05, 1/18/05, 1/21/05, 1/25/05, 1/26/05, 1/27/05, 2/1/05, 2/3/05, 2/7/05, 2/8/05, 2/11/05, 2/16/05, 2/17/05, 2/18/05, 2/21/05, 2/22/05, 2/24/05, 2/25/05, 2/28/05, 3/2/05, 3/8/05, 3/9/05, 3/10/05, 3/14/05, 3/16/05, 3/17/05, 3/18/05, 3/22/05, 3/24/05, 3/24/05, 3/31/05, 4/6/05, 4/8/05, 4/12/05, 4/13/05, 4/14/05, 4/18/05, 4/20/05, 4/21/05, 6/30/05, 7/1/05, 7/6/05, 7/8/05, 7/12/05. Likewise, the same documentation was lacking to support this level of EM code 99213. This adverse determination for the

above dates is referenced in the ChiroCode Book 10th edition, section C, page 17, as well as the American Medical Association CPT Code book pages 1-30.

2) 98940-chiropractic manipulation. A trial of manipulation was certified for this claimant corresponding to the period from 11/29/04, through 12/14/04, during which time the patient did not significantly improve. Therefore, it is this reviewer's opinion, with reference to the ACOEM Guidelines, Chapter 12, that the following dates of service should be non-certified for lack of medical necessity, as there was no significant well-documented measurable evidence of improvements, curative effect or long-term relief. The ACOEM Guidelines, Chapter 12, p.299, specifically indicate, "If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient re-evaluated." For symptoms lasting longer than one month, manipulation is probably safe, but efficacy has not been proven. Therefore, the dates of service beyond 12/14/04, were not found appropriate. Specifically, the dates of service corresponding to 12/17/04 and 12/22/04 do not have any documentation to support these charges, and the progress notes from 12/23/04, 12/27/04, 12/28/04, 1/5/05, 1/7/05, 1/10/05, 1/13/05, 2/24/05, 3/9/05, 3/17/05, 3/18/05, 4/12/05, 4/13/05, 4/14/05, 4/18/05,4/20/05, 4/21/05, 7/1/05, 7/6/05, 7/8/05, 7/12/05 and 7/14/05 lack medical necessity. Therefore, the dates of service beyond 12/14/04 were not found appropriate for continued manipulation of the low back, and were also not found appropriate for the left knee, as referenced by the ACOEM Guidelines, Chapter 13, given that chiropractic manipulation has not been proven to be effacious for knee complaints.

3) 97110-therapeutic exercises. The patient was provided with four sets of supervised therapeutic exercises: lumbar spine, left knee, left ankle/foot/toe areas, and treadmill, to increase cardiovascular and endurance levels. The therapeutic exercise charges are excessive and lack medical necessity with regard to the left ankle, foot, and cardiovascular treadmill charges of 97110. The low back and left knee would be the only areas of concern, however the objective information in the notes would not support this ongoing therapy, as the patient was not significantly improving such interventions which should not have been continued beyond a two week trial, given that they failed to show significant improvements either subjectively or objectively. The dates of service corresponding to 12/15/04, 12/17/04, 12/21/04, and 12/22/04 do not have any documentation to support this charge. The following dates of service progress notes fail to meet the criteria for reimbursement on 12/23/04, 12/27/04, 12/28/04, 12/30/04, 1/5/05, 1/7/05, 1/10/05, 1/12/05, 1/14/05, 1/18/05, . 21/05, 1/25/05, 1/26/05, 1/27/05, 2/1/05, 2/3/05, 2/7/05, 2/8/05, 2/21/05, 2/22/05, 2/24/05, 2/25/05, 2/28/05, 3/2/05, 3/8/05, 3/9/05, 3/10/05, 3/14/05, 3/16/05, 3/17/05, 3/18/05, 3/22/05, 3/24/05, 3/31/05, 4/6/05, 4/8/05, 4/12/05, 4/13/05, 4/14/05, 4/18/05, 4/20/05, 4/21/05. These progress notes do not document objective deficit measurements of strength, range of motion or mobility to support the use of this code. These reflected ongoing repeated daily instruction for the same exercises. Accordingly, these services were redundant and not medically necessary. With regard to the progress notes from 6/30/05, 7/1/05, 7/6/05 and 7/12/05 these dates of service would be found appropriate for post operative left knee re-habilitation exercises and subsequent home exercises for an independent role by the patient in his own care; however, the treadmill, ankle, foot and low back therapeutic exercises were not found a medical necessity for those dates of service corresponding to 6/30/05, 7/1/05, 7/6/05 and 7/12/05, due to lack of medical necessity and lack of previous improvements with ongoing therapeutic exercises for the back and ankle. The treadmill portion of this charge is simply not reimbursable as indicated by the Blue Cross/Blue Shield Physical Medicine Guidelines, which indicate using equipment such as a treadmill, does not require "hands on treatment." Moreover, the skill set and expertise of the provider bear no qualifications for financial reimbursement vis-à-vis such services. Furthermore, there was no documentation of any cardiovascular deficit or of the need for any cardiovascular rehabilitation. Accordingly, there was nothing provided in the data submitted for review that established the medical necessity of any services corresponding to a treadmill.

4) G0283-electrical stimulation. The medical necessity for the following dates of service was not found. There were no significant improvements noted with this passive trial of care up to 12/14/04, and therefore, it would not be a medical necessity to continue this passive care treatment for the dates of service corresponding to 12/15/04, 12/17/04, 12/21/04, 12/22/04, 12/23/04, 12/27/04, 12/28/04, 1/5/05, 1/7/05, 1/10/05, 1/12/05, 1/13/05, 1/18/05, 1/21/05, 1/25/05, 1/26/05, 1/27/05, 2/1/05, 2/7/05, 2/8/05, 2/21/05, 2/22/05, 2/24/05, 2/25/05, 2/28/05, 3/2/05, 3/8/05, 3/9/05, 3/10/05, 3/16/05, 3/18/05, 3/22/05,3/24/05, 3/31/05, 4/6/05, 4/8/05, 6/30/05, 4/12/05, 4/13/05, 4/14/05, 4/18/05, 4/21/05, 7/1/05, 7/6/05 and 7/12/05. The ACOEM Guidelines, Chapter 12, was referenced and indicated that insufficient scientific testing exists to determine the effectiveness of electrical stimulation. The patient was given a trial of this modality; however, there was no curative effect or long-term relief with its application.

5) 96004-Motion analysis. The medical necessity for this study is not found with the provided documentation. There is no documentation for 11/30/04, 12/6/04 and 12/13/04 dates of service with any progress notes clinically supporting this analysis charge. With regard to the dates of service on 12/27/04, 1/14/05, 3/14/05, and 4/20/05 the notes reviewed only indicate that the

provider "reviewed and signed the J Tech ROM/MT examination given" and will adjust treatment protocols as needed. Since these tests for ROM and Muscle testing were not found medically necessary for these dates of service the medical necessity for him to sign and review them is not found either.

6) 95831, 95833-Muscle testing, with disputed dates of service include 12/6/04, 1/14/05 and 4/20/05. The medical necessity for this computerized study is not found with the provided information. The muscle testing can be done manually as instructed in chiropractic school with a simple exam with grading 1-5/5. Computerized studies are a choice of the provider but not a medical necessity, as it is a superfluous diagnostic intervention and not a substitute for taking a detailed history and performing a thorough physical examination of the musculoskeletal system. Additionally, the documentation does not reflect any subjective weakness. Since the treatments from this provider were not found medically necessary, the ongoing muscle testing is not found a medical necessity for this time period in dispute. (95831)-Muscle testing. 12/6/04, 1/14/05, 4/20/05. Accordingly, the medical necessity for the computerized study in question was not found. The muscle testing can be done manually as instructed in chiropractic school with a simple manual exam with grading 1-5/5 that is usually done during re-exam.

7) 97012-Mechanical traction. The ACOEM Guidelines, Chapter 12, indicates, on page 300 it states specifically, "traction has not been proved effective for lasting relief in treating low back pain. Therefore, these dates of service are non-certified on 12/15/04, 12/17/04, 12/22/04, 12/23/04, 12/27/05, 12/28/04, 1/5/05, 1/7/05, 1/10/05, 1/13/05, 1/14/05, 1/18/05, 1/21/05, 1/25/05, 1/26/05, 1/27/05, 2/1/05, 2/16/05, 2/17/05, 2/18/05, 2/21/05, 2/22/05, 2/24/05, 2/25/05, 2/28/05, 3/2/05, 3/8/05, 3/9/05, 3/10/05, 3/14/05, 3/16/05, 3/17/05, 3/18/05, 3/22/05, 3/24/05, 3/25/05, 4/8/05, 4/12/05, 4/13/05, 4/14/05, 4/18/05, 4/20/05, 4/21/05, 6/30/05, 7/1/05, 7/6/05, and 7/8/05.

8) 97116-Gait training, 12/15/05. There was no clinical documentation made available to this reviewer, which documented a deficit with regards to gait on 12/15/05. Therefore, the medical necessity for gait training could not be proven and the charge is unjustified.

9) 97140-59-manual therapy technique on dates of service 12/15/04, 1/12/05, 1/13/05,1/14/05, 1/18/05, 1/21/05, 1/25/05, 1/26/05, 1/27/05, 2/1/05, 2/7/05, 2/16/05, 2/17/05, 2/18/05, 2/21/05, 2/22/05, 2/25/05, 2/28/05, 3/2/05, 3/8/05, 3/10/05, 3/14/05, 3/16/05, 3/18/05, 3/22/05, 3/24/05, 3/25/05, 6/30/05. The medical necessity for this manual therapy is not found with the provided documentation. The most important thing to note is that this procedure was charged on each date of service and there is lack of documentation providing evidence of curative or long-term relief effects from this manual therapy provided. Specifically it was for myofascial release (a massage technique) and the ACOEM Guidelines, Chapters 12 and 13 do not indicate massage as effacious in knee and low back complaints. Additionally, treatment was only found appropriate for a trial of care up to 12/14/04 and not beyond. Manual therapy technique, with dates of service of 12/17/04, 12/22/04, 12/27/04, 12/28/04, 1/5/05, 1/7/05, 1/10/05, 2/24/05, 3/9/05, 3/17/05, 4/8/05, 4/12/05, 4/13/05, 4/14/05, 4/18/05, 4/20/05, 4/21/05, 7/1/05, 7/6/05, 7/8/05, 7/12/05, 7/14/05. The medical necessity for this manual therapy was not found with the provided documentation. The most important thing to note is that this procedure was charged on each date of service and there is lack of documentation providing evidence of curative or long-term relief effects from this manual therapy provided. Specifically it was for myofascial release (a massage technique) and the ACOEM Guidelines, Chapters 12 and 13 do not indicate massage techniques as being effacious in knee and low back complaints. Additionally, treatment was only found appropriate for a trial of care up to 12/14/04 and not beyond.

10) 97035-Ultrasound. The medical necessity for this passive care physical therapy modality is not found at this time. The ACOEM Guidelines, Chapter 12, page 300 indicates that physical modalities such as ultrasound have no proven efficacy in treating low back pain. The ACOEM guidelines chapter 13 indicates specifically that physical modalities such as massage and ultrasound have no proven efficacy in treating acute knee symptoms. Based upon the fact that he was given a trial of this modality and no significant improvements were noted, the dates of service corresponding to 12/21/05, 12/23/04, 12/23/04, 1/5/05, 1/7/05, 1/12/05, 1/21/05 and 2/8/05 are not found medically necessary.

11) 95851-ROM testing, 12/27/04, 3/14/05. The medical necessity for these computerized range of motion studies was not found. This could have simply been performed with a manual inclinometer and did not require a computerized study. This was a choice of the provider and was not a requirement. Therefore, these charges were not medically necessary in that regard. Additionally, this claimant was receiving these studies every two weeks on average, and this would be considered inappropriate at this frequency, given that this testing is generally performed at 4-6 week intervals. The overall passive and active chiropractic care was not improving this patient and since ongoing care from this provider was not a medical necessity beyond 12/14/04, these ongoing studies would not be a medical necessity either.

12) 99080-73-TWCC 73 report 1/14/05. The report was presented for this review and does meet the TDI/DWC requirements, and therefore, is certified per TDI/DWC rules and regulations regarding work status.

13) 99373-Telephone call on 1/19/05 was not made by the provider, but was received by the insurance company from someone named Michelle, with no specifics. He indicated that he answered questions regarding an injection series and surgery prognosis. This was not a call placed by him and was not documented as case management between two health care professionals. Therefore, the charge for a telephone call was not an appropriate charge, as described in the AMA Code Book. 99373-Evaluation & Management Telephone.

14) 99354-Prolonged services E/M code on 1/14/05. Described from the AMA code book and there were no progress notes on 1/14/05, and no indication of this service taking place on 1/14/05, and therefore, this charge was not found medically necessary, due to lack of appropriate documentation of its occurrence, with details. Accordingly, the criteria set out by 99354 Evaluation & Management Prolonged Physician Service were not met for reimbursement.

15) 99070-Supplies and materials for date of service of 2/24/04. The progress notes for this date of service were reviewed and there was no indication on that date of any supply or materials that were given to the patient. Therefore, the medical necessity for this charge was not found when referencing the AMA code book, 99070 Medicine Supplies and materials.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

Blue Cross / Blue Shield Participating Chiropractic Manual regarding Physical Medicine Guidelines.

The ACOEM Guidelines, 2nd Edition, Chapters 12 and 13.

ChiroCode Book, 10th edition, section C, page 17.

2004-AMA CPT Code Book.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas licensed DC, BSRT, FIAMA Chiropractor and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

You're Right to Appeal,

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.